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PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

10/769,157

Filing Date

1/29/2004

First Named Inventor

RABINOWITZ, Joshua D.

Art Unit

1616

Examiner Name

HAGHIGHATIAN, Mina

Attorney Docket Number

00037.09CON

### ENCLOSURES (Check all that apply)

- |                                                                           |                                                                                                    |                                                                                         |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)                                                                | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                                  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition                                                                  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Proprietary Information                                        |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter                                                  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer                                                       | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund                                                        | Statement under 37 CFR 3.73(b)                                                          |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                                 |                                                                                         |
|                                                                           | <input type="checkbox"/> Landscape Table on CD                                                     |                                                                                         |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <b>Remarks</b>                                                                                     |                                                                                         |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | Power of Attorney and Correspondence Address Indication Form (1 pp.)                               |                                                                                         |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Statement under 37 CFR 3.73(b) (1 pp.)                                                             |                                                                                         |
|                                                                           | Return Postcard                                                                                    |                                                                                         |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ALEXZA Molecular Delivery Corporation, 1001 East Meadow Circle, Palo Alto, CA 94303		
Signature			
Printed name	William L. Leschensky (Tel.: 650-687-3926)		
Date	FEB 01 2005	Reg. No.	38,951

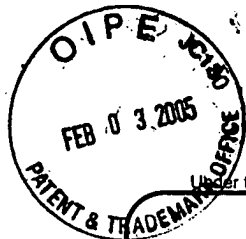
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Signature			
Typed or printed name	William L. Leschensky	Date	FEB 01 2005

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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/769,157
Filing Date	1/29/2004
First Named Inventor	RABINOWITZ, Joshua D.
Title	DELIVERY OF ALPRAZOLAM ...
Art Unit	1616
Examiner Name	HAGHIGHATIAN, Mina
Attorney Docket Number	00037.09CON

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

37485

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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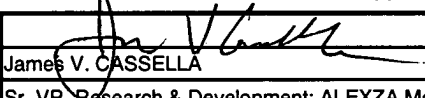
Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	FEB 01 2005
Name	James V. CASSELLA	Telephone	650-687-3900
Title and Company	Sr. VP, Research & Development; ALEXZA Molecular Delivery Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/96 (09-04)

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: ALEXZA Molecular Delivery CorporationApplication No./Patent No.: 10/769,157 Filed/Issue Date: 1/29/2004Entitled: DELIVERY OF ALPRAZOLAM, ESTAZOLAM, MIDAZOLAM OR TRIAZOLAM THROUGH AN INHALATION ROUTEALEXZA Molecular Delivery Corporation, a corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 013274, Frame 0387, or for which a copy thereof is attached.

OR

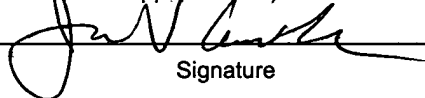
- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
SignatureJames V. CASSELLA

Printed or Typed Name

FEB 01 2005

Date

650-687-3900

Telephone Number

Sr. VP, Research & Development; ALEXZA Molecular Delivery Corporation

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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